

<b>Case Number:</b>	CM14-0120592		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female who reported an injury on 02/14/2003. The mechanism of injury was not provided. Her diagnoses were listed as lumbago, cervicalgia, myofascial pain syndrome, cervical disc degenerative disease, and facet arthropathy. The past treatment included massage, TENS unit, physical therapy, injections and medication. Her diagnostic studies included urine drug screenings. The surgical history included a cervical fusion with instrumentation. On 06/25/2014, the injured worker complained of neck pain and swelling to her wrists. She reported that she was doing well on current medication but felt headaches were more frequent. She rated her pain a 6/10 with medications and a 10/10 without medications. Upon physical examination, the injured worker was noted to have multiple trigger points to the cervical spine palpation. Her head and neck range of motion were noted to be limited with flexion less than 50% normal, extension less than 50% normal, with left and right lateral bending also noted as 50% normal. Her current relevant medications were listed as Oxycodone 5 mg, Fiorinal 50 mg-325 mg-40 mg, Morphine Sulfate 15 mg, Motrin 600 mg, Effexor XR 150 mg, Flexeril 10 mg, and Valium 5 mg. The treatment plan was to continue current medication and add Fioricet up to twice a day for migraines, to continue to was for authorizations for injections, massage, and TENS unit, and continue to be active daily. The rationale for the request was for migraines. The authorization for request form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Butalbital-acetaminophen-caffeine (Florimet) 50-325-40 tab #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

**Decision rationale:** The request for for Butalbital-acetaminophen-caffeine (Floriset) 50-325-40 tab #60 is not medically necessary. The California MTUS Guidelines do not recommend barbiturate-containing analgesic agents for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate-containing analgesic agents due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The injured worker was noted to be using Fioriset for headaches since at least 02/12/2014. There was no sufficient documentation of the benefit of the use of the medication. She was noted to continue with headaches. In the absence of documentation with evidence of the efficacy with the medication the request is not supported. Additionally the guidelines do not recommend barbiturate-containing analgesic agents for chronic pain. Therefore, the request is not medically necessary.